



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E287653**

1 **1**
2 **1**
3 **3**
4
4a
5

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE # **13-02949**
LOCAL AGENCY CODING
TOTAL # OF UNITS **02** OBJECT STRUCK

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **11** - **21** - **2013** **1641** **31** N ☐ E ☐ IN ☒ OF **0664**
S ☐ W ☐

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒
E LAKESHORE DR BLOCK NO. ☒ **1300**
MILE POST

DISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W ☐

UNIT 01 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE **D: 4253979826**

LAST NAME **KJORSVIK** FIRST NAME **PETRA** MIDDLE INITIAL **L**

STREET NEW ADDRESS **1312 E LAKESHORE DR**

CITY **LAKE STEVENS** ST **WA** ZIP **982589742**

CDL RESTRICTIONS **B** ENDORSEMENTS

DRIVER'S LICENSE # **KJORSPL608NG** STATE **WA** SEX **F** D.O.B. **08** - **07** - **1940**

ON DUTY ☐ STATUS AIRBAG **2** RESTR **4** EJECT **1** HELMET USE INJURY CLASS **0** NATURE OF INJURIES

LICENSE PLATE # **AEJ4934** STATE **WA** VIN# **KMHEC4A46BA000485**

TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2011** MAKE **HYUN** MODEL **SONAT** STYLE **4D** VEHICLE TOWED YES ☒ NO ☐ TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **WALTER KJORSVIK 1312 E LAKESHORE DR LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **AMERICAN COMMERCE INS. ACPA-000077724**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



UNIT 02 MOTOR VEHICLE ☒ PEDAL CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE

LAST NAME **FITZGERALD** FIRST NAME **CATHERINE** MIDDLE INITIAL **A**

STREET NEW ADDRESS **11103 16TH PL SE**

CITY **LAKE STEVENS** ST **WA** ZIP **982587603**

CDL RESTRICTIONS ENDORSEMENTS

DRIVER'S LICENSE # **FITZGCA253NC** STATE **WA** SEX **F** D.O.B. **08** - **03** - **1975**

ON DUTY ☐ STATUS AIRBAG **2** RESTR **4** EJECT **1** HELMET USE INJURY CLASS **1** NATURE OF INJURIES

LICENSE PLATE # **B09940G** STATE **WA** VIN# **3GNEK13T32G110834**

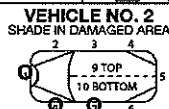
TRAILER PLATE # STATE TRAILER PLATE # STATE

VEH. YEAR **2002** MAKE **CHEV** MODEL **AVALPU** STYLE VEHICLE TOWED YES ☒ NO ☐ TOWED BY **RESCUE TOWING** GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. **CATHERINE WATERS 11103 16TH PL SE LAKE STEVENS WA 98258 D: 3609046729**

LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # **GRANGE INSURANCE ASSOCIATION PAS0000895711**

VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGE



OFFICER'S NAME (PRINT) **D. PLANALP** BADGE OR ID # **102** AGENCY **WA0311900**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E287653**

CASE # **13-02949**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD SYDNEY A																	
ADDRESS & PHONE #		11103 16TH PL SE LAKE STEVENS WA 982587603 3609046729																	
SEX		F		D.O.B. MMDDYYYY		11		-		14		-		2007					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD ZACHARY J																	
ADDRESS & PHONE #		11103 16TH PL SE LAKE STEVENS WA 982587603 3609046729																	
SEX		M		D.O.B. MMDDYYYY		09		-		02		-		2011					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	8	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		FITZGERALD KYLIE E																	
ADDRESS & PHONE #		11103 16TH PL SE LAKE STEVENS WA 982587603 3609046729																	
SEX		F		D.O.B. MMDDYYYY		07		-		10		-		2009					
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	9	AIRBAG	2	RESTR.	6	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	

NARRATIVE

V-1 was driving eastbound in the 1300 block of E Lakeshore DR. V-2 was driving westbound in the 1300 block E Lakeshore DR. V-1 veered to her left and crossed over the center double yellow line. V-1 collided into the front driver side of V-2 with it's front driver side. V-1 stated that she blinked her eyes and she does not think she opened them. V-1 stated that she thinks she fell asleep. V-2 stated that she could see that V-1 was coming in her lane so she swerved to avoid the collision but she could not. I received a written statement from V-2 and W-1. V-1 did not want to write a statement.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

D. PLANALP

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

11-21-13 06:01 PM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

11/25/2013 8:19:54 AM

BADGE OR ID # **102**

ORI # **WA0311900**

TIME POLICE DISPATCHED **4:41 PM**

TIME POLICE ARRIVED **4:48 PM**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E287653**

CASE # **13-02949**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)											
NAME (LAST, FIRST, MIDDLE INITIAL)		ULVESTAD MONICA D									
ADDRESS & PHONE # 529 119TH AVE NE LAKE STEVENS WA 98258 4252209318											
SEX F		D.O.B. MMDDYYYY 11		14		1983					
PASSENGER <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)											
ADDRESS & PHONE #											
SEX		D.O.B. MMDDYYYY									
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	SEAT POS.	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES		

NARRATIVE

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11-21-13 06:01 PM

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DATE

11/25/2013 8:19:54 AM

BADGE OR ID #

102

ORI #

WA0311900

TIME POLICE DISPATCHED

4:41 PM

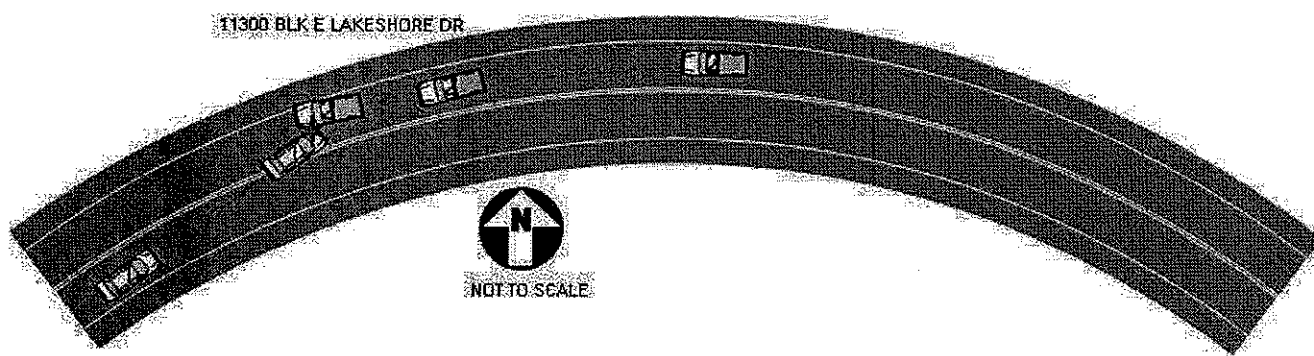
TIME POLICE ARRIVED

4:48 PM

REPORT NO. E287653

CASE # 13-02949

DATE AND TIME
OF COLLISION 11/21/13 16:41



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02949

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Fitzgerald, Catherine Ann Jonasson	RACE W	ETH	SEX F	DOB 8/3/75	AGE 38	HGT 5'6"	WGT 250	HAIR Red	EYES Green
STREET ADDRESS 11103 16th Pl SE		CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE 360-904-6729		CELL PHONE 360-904-6729			PLACE OF EMPLOYMENT Boeing					
WORK PHONE 425-647-6336		EMAIL ADDRESS cagjonasson@yahoo.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was travelling South along the east side of the lake when a lady driving a silver car crossed the centerline and was aimed head on at me. I swerved to the right sharply and was struck on the driver side of the vehicle at the front tire. The tire came off the vehicle and my truck skidded to a stop. I was able to get out of the vehicle and assess if anyone was critically injured, luckily everyone was coherent + another vehicle called 911. The passerby (Monica) said the car that struck me was going under the speed limit + she honked the horn at her to get her attention, but it was too late. My chest is sore from the seatbelt + my lower back is achy. The kids have not been out of the car seats yet to assess if hurt.

Sydney Ann Fitzgerald	11/14/07	Drivers side back
Zachary Jonas Fitzgerald	9/2/11	Center back
Kylie Elizabeth Fitzgerald	7/10/09	Passenger side back

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Catherine Fitzgerald	DATE SIGNED 11/21/13	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: 11102	DATE SIGNED 11-21-13	LOCATION SIGNED LK. STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education."

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 13-02949

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ulvestad, Monica, Diane	RACE W	ETH	SEX F	DOB 11/14/83	AGE 30	HGT 5'5"	WGT 150	HAIR BLK	EYES BLU
STREET ADDRESS 529 119th AVE NE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS OWN		
HOME PHONE		CELL PHONE 425-220-9318		PLACE OF EMPLOYMENT BOEING						
WORK PHONE		EMAIL ADDRESS monica.Ulvestad@yahoo.com								

I, Monica Ulvestad, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling east bound on E. Lake Shore drive following a Silver Hyundai Sonata. She was driving under the speed limit & swerving so I kept my distance. As we approached the turn in the road she veered into oncoming traffic. I layed on my horn thinking maybe she feel asleep but she hit the oncoming car head on at about 20-25 mph. I pulled over immediatly, yelled for people in house on East side of the street to call 911 and made sure no one was hurt. The woman in the Sonata was crying but said she did not need an aid car. The woman in the truck that was hit said her and her 3 kids inside were OK, just scared.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Monica Ulvestad</u>	DATE SIGNED 11/21/13	LOCATION SIGNED E. Lake Shore drive
OFFICER/NUMBER: <u>[Signature]</u>	DATE SIGNED 11-21-13	LOCATION SIGNED LK. STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number D. PLANALP #102			Case Number 13-02949		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: VEH ACC			Date/Time: 11-25-13 / 0712		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # 1	Item CD WITH PCS Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action # 3						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
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Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Item #	Item Brand Name				Storage Location	Disposition
	Brand/Model/Caliber (Further Description)					
	Serial #	Where Found	Weight of Narcotic			
Action #						
Owner's Name Address City State Zip Phone #					Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions						

Evidence Control Use Only:							
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:		
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: LOPP Room		
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: ORIGINAL		

Incident History for: #SS13025647 Xref: #AG13003322

Case Numbers: \$SS13002949

Entered 11/21/13 16:41:43 BY SPDF27 SP0323
Dispatched 11/21/13 16:41:52 BY SPDP17 SP0367
Enroute 11/21/13 16:41:52
Onscene 11/21/13 16:48:02
Closed 11/21/13 18:00:24

Initial Type: ACC Initial Alarm Level: Final Alarm Level:
Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H
Police BLK: SS001 Fire BLK: AG1620 Map Page: 377H-7 Group: SS1 Beat: NORT
Src: T
Loc: 13 ST NE/E LAKESHORE DR , LKS (V)

Loc Info:
Name: STEDMAN, KATHY Addr: Phone: 4252973287

/1641 (SP0323) ENTRY , SIL PC VS BLK AVALANCE , BLOCKING, UNK INJ
/1641 (SP0367) DISPER SS1933 #SS102 PLANALP, OFFICER (DANIEL)
/1641 (SP0323) CROSS #AG13003322
/1641? SUPP NAM: STEDMAN, KATHY,
PHO: 4252973287,
TXT: NOW ADV ITS NON INJ
/1642 (SP0367) ASSTER SS1936 [13 ST NE/E LAKESHORE DR , LKS]
#SS105 IRWIN, OFFICER (DENNIS)
/1645 \$PREMPT SS1936
/1647 (SP0263) SUPP TXT: 2 VEH ON WHEELS RDWY BLKD MINOR
/1648 (SP0367) ONSCNE SS1933
/1649 MISC SS1933 , TWO TOWS OWNERS REQ
/1649 MISC SS1933 , BOTH VEHS HEAVY FRONT END DAMAGE, ONE DOESN'T H
AVE A TIRE
/1650 ROTREQ SS1933 TOW 5745 LKS RESCUE TOWING
4253345821
/1650 (SP0263) SUPP TXT: CXL'D BY PD
/1652 (SP0367) MISC SS1933 , RESCUE TOW ER FOR BOTH
/1652 ASNCAS SS1933 \$SS13002949
/1706 (SS102) REMINQ SS1933 MDTVEH, AEJ4934, , WA, , , , , , , , , , ,
/1706 REMINQ SS1933 MDTWANT, KJORSVIK, PETRA, L, 080740, , , WA, , , , , , , , , , ,
/1707 REMINQ SS1933 MDTVEH, B09940G, , WA, , , , , , , , , , ,
/1707 REMINQ SS1933 MDTWANT, FITZGERALD, CATHERINE, A, 080375, , , WA, , , , , , , , , , ,
/1800 (SP0339) CLEAR SS1933 D/H
/1800 CLOSE SS1933

LSPD
ORIGINAL